

Office use only:

Please complete and turn in to Parish office or email to office@saintadalbertparish.org

St. Adalbert Catholic Church

66 Adalbert Street, Berea, Ohio 44017

Baptismal Information Registration

Today's Date: _____

Child's full legal name: _____

Please print

Date of Birth: _____ City/State of child's birth: _____

Father's Full legal Name: _____ Religion: _____

Mother's Full legal name: _____ (Maiden name): _____ Religion: _____

Date of your Marriage _____

Was your marriage witnessed by a Catholic priest or deacon? Yes ___ No ___ Name of Parish _____

If No, would you like information about convalidation of your marriage in the Church? Yes ___ No ___

Parents Address: _____ Zip Code: _____

Home phone: _____ Cell: _____ email: _____

Date of Baptismal Prep: _____ parish: _____

Are you a registered parishioner at St. Adalbert Parish? Yes ___ No ___

If No, why are you having your child baptized here? _____

Godfathers full legal name _____ Religion _____

Is he over 16 years old? ___ Church he is a member _____

Sponsorship certificate is required from his church at least two weeks prior to baptism. Received? _____

Godmothers full legal name _____ Religion _____

Is she over 16 years old? ___ Church she is a member _____

Sponsorship certificate is required from her church at least two weeks prior to baptism. Received? _____

*Note: Church Law requires the Godparents to be fully initiated, confirmed in the Catholic Church, over the age of 16, if married, must be validly married in the Catholic Church and be practicing members of the Catholic Church, leading a life of strong moral character and faith, not bound by any canonical penalty imposed or declared. A non-Catholic can stand in as a Christian Witness, but **one Godparent MUST be Catholic.***

Baptisms scheduled: **1st Sunday** (Fr. Chuck) **or 3rd Sunday** (Deacon Ed) **of the month.**

Baptisms begins after the 11:30 AM mass has been dismissed.

Alternative dates for your child's baptism can be requested, based on availability of church and presider.

Please call Parish office for options, 440-234-6830

Requested Date for Baptism: _____ Celebrant: _____

*All documents must be received by the parish prior to baptismal date.

There is **NO cost** for baptism. An offering of your choice may be made to the celebrant or church. (optional)

I understand, agree and attest to the validity of the above information. _____

(one parent must sign)